

No. 381. SUMMARY. JAN. 18.

ORIGINAL LECTURES—

Course of Lectures on Clinical Medicine, delivered at Queen's College, Birmingham, by S. WRIGHT, M.D. 295

DUMAS on Organic Chemistry.—On the Blood 297

ORIGINAL CONTRIBUTIONS—

Dr. BUSHNAN'S Visit to Dieffenbach..... 298

Reflections and Observations on Insanity, by JOSEPH WILLIAMS, M.D., &c. 299

On some Points connected with Diabetes, by M. BOUCHARDAT, translated by A. MARKWICK, Esq. 301

PROGRESS OF MEDICAL SCIENCE—

Academy of Sciences; Meeting of Jan. 4..... 303

Academy of Medicine; Meeting of Jan. 5..... 303

Lithotomy and Lithotripsy..... 303

Faculty of Medicine 304

Lectures on General Pathology, by Professor

ANDRAL..... 304

REVIEWS—

On the Antidotal Treatment of Epidemic Cholera

by J. PARKIN, M.D. 305

MEDICAL SOCIETY OF KING'S COLLEGE,

LONDON..... 305

PHARMACEUTICAL SOCIETY

..... 306

CORRESPONDENTS

..... 306

LEADERS—

Advice to Students 307

On the Proper Constitution of a Council of Health 308

SANITARY QUESTIONS 309

PAINLESS OPERATIONS 310

MISCELLANEOUS CORRESPONDENCE—

Ovarian Dropsy 312

Coma in a Child of Seven Hours' Duration..... 313

MEMORIAL OF THE COLLEGE OF PHYSICIANS

OF LONDON TO SIR G. GREY 313

GOSSIP OF THE WEEK..... 314

MORTALITY TABLE 314

COURSE OF LECTURES ON CLINICAL MEDICINE,

Delivered in the THEATRE OF QUEEN'S COLLEGE, Birmingham.

By SAMUEL WRIGHT, M.D.,

Physician to Queen's Hospital, and Professor of Clinical Medicine in Queen's College, Birmingham; Physician to the General Dispensary; Extraordinary Member, and formerly Senior President, of the Royal Medical, Royal Physical, Hunterian Medical, and Cuvierian Natural History Societies of Edinburgh, &c.

Specific remedies, and routinism, treated of in last lecture; further observation thereon. Disadvantages of a materia medica too large or too small; anecdote in reference to one form of purgative; cases in which Epsom-salt is inadmissible; effects of its severe action; aloes as a purgative; cases in which it would be useful; others in which it might do harm; castor oil, when advisable; hydragogue cathartics, when to be preferred; when not to be given; sulphur, how useful in hemorrhoids; exceptions; expectorant remedies in chronic bronchitis of old people; expectorants in pneumonia; narcotics; diuretics, variously desirable; examples; formulae; fastidiousness of patients about their medicines, how to be met; complexity and simplicity in prescribing; prescribing for symptoms, or their cause; example; pathological causes and symptomatic effects; purgative-taking.

GENTLEMEN,—At our last lecture, our subject was "Specific Remedies": understanding as such, medicines that are capable of curing particular diseases, no matter what pathological exceptions these diseases might manifest. I told you that I knew of no such remedies, and that, in my opinion, the term *specific* ought to be blotted out of the vocabulary of physic. A reckless belief in the mystic powers of certain medicines has contributed most deplorably to weaken the rationality of our therapeutic system, and to lead to a conventional and dangerous routinism.

Happily, however, before the light of pathology, this cardinal error in our remedial code is fast disappearing; but it is not gone. You occasionally meet with a remnant of the old school, who will set about curing a simple chancre, in a scrofulous subject, by pouring mercury into his system until his teeth are loosened and nearly covered by his fungus-looking gums; another, who will tell you that digitalis, rightly administered, will cure any form of dropsy; another, who has known, or whose grandfather knew (which is about the same sort of thing), consumption cured under the sole use of Iceland moss and mare's milk; another, who considers steel filings superior to any of the modern chalybeate preparations; and others, again, with certain similar crotchets, which we need not further particularize.

The routinism of which I have spoken does not confine itself to a belief in the specific virtues, properly so called, of particular drugs, but extends itself into a sort of perpetual attachment to a certain set of medicaments to the exclusion of all others. In speaking upon this point, I am not intending to advocate an amplitude of *materia me-*

dica; our own is larger by much than it need be, but it is still possible to have one too small. This happens to the ultra-routinist. The number of remedies may be so reduced that their compendium shall rather be curious than useful. It has been said that a purgative, an expectorant, a sedative, a narcotic, and one or two other such representatives of particular classes of medicines, are all that are necessary in the art and science of prescribing. This is true enough, if empirical practice be signified, but it cannot be called scientific. It was upon this principle that the charlatans of old contrived to make a pharmaceutical establishment of their pockets! This exclusive remedial dealing often carries danger with it. It is bad enough to be drugged too much, but, under certain circumstances, patients may be dosed too little, or their medicaments badly chosen. The latter is, of course, likely to happen when the practitioner allows himself little variety to select from. Let me illustrate my meaning by some examples. I remember, many years ago, when in my pupillage, a man, by courtesy called a doctor, practised in the town where I resided. He had no qualification whatever, that I or anybody else could learn, but he ventured upon prescriptions by little and little, for which he was first *dubbed* by the populace, and subsequently by himself. At the time I speak of he was, *de facto*, a practising physician. This man had three purgatives, which, in fact, constituted nearly everything he prescribed. The first consisted of Epsom-salt, deprived of its moisture and rubbed down to a fine powder; the second consisted of the said Epsom-salt, rubbed up with cochineal for the sake of its colouring; and the third was a compound of the aforesaid Epsom-salt and infusion of roses. These three varieties of the selfsame material sufficed to ring any amount of aperient changes that might be asked for. No matter what a patient's ailment, one of these triplets was adventured upon him; if that did not answer, a second was resorted to; that failing, "why, then, the third was tried"—the "what then" it is not in my power to say.

This case, of course, is no authority—but it may be an example. From any source, you know, it is allowable that we obtain the latter. I am not prepared to say that in any of the cases in which the Epsom-salt was given, as above referred to, it did any harm; but, at least, there are many instances in which it might do. Suppose you were consulted by a leuco-phlegmatic patient, suffering from suppressed catamenia, and its frequent concomitants in such temperaments, extreme debility,

sympathetic palpitation of the heart, giddiness, faintness, &c. The bowels, perhaps, might be irregular, we will say costive, as usually happens from the sedentary propensities of such people. One of the indications to be fulfilled, of course, would be to increase the action of the bowels. Would you, for this purpose, give a good dose of Epsom-salt? "Why not," say you, "it is an active purgative, and it may rouse the dormant uterus?" True enough it is a purgative, and often a potential one, as you would probably discover if you gave it to that weak girl. Its hydragogue action would most likely be manifested in a complete temporary prostration of her vital powers, and it might happen that such prostration would be permanent, in the form of fatal syncope. I have known a moderate dose of sulphate of magnesia, acting immoderately, as it is apt to do, cause troublesome fainting, even in a stout man. Epsom-salt would not be an advisable aperient in a case like the one I have mentioned; but, if you were in the habit of using none other, of course you would use this—despite the consequences. This is but one amongst many evils that would be likely to befall you in practice, were you to prescribe only one form of purgative, and that the variety I have mentioned. In its place it would have been more judicious, *ceteris paribus*, to have administered a warm resinous cathartic, say aloes, in proper combination with other materials. This aloes is not a debilitant; it acts by stimulating chiefly the muscular coat of the intestines, without causing a discharge from their exhalents, and, on account of its sparing solubility, much of its action is manifested upon the rectum, for which reason it is valuable in certain atonic conditions of the uterus. In some cases its effects are extraordinary and most valuable, so much so that more than one patron of it, observing at random, and inferring without caution, has denominated it a *specific* in amenorrhoea. It is often an excellent remedy in such ailments, but it is never more than this. But you must not from these things conclude that aloes is a purgative always available and always to be trusted. Suppose, for the sake of illustration, you did so, and made it your constant remedy in costiveness. The first patient you prescribe it for, perhaps, suffers from piles, and, without telling you so, merely complains of constipation: you will probably occasion that man as much suffering as will give him cause to abuse you as long as he lives. Your next patient may be liable to *prolapsus ani*, in which case your favourite remedy will

partakes of the properties of its constituents—globuline, caseine, albumen, and hematosine. Hünefeld states that we may readily obtain non-coagulated hematosine by treating the clot of blood by ether, thoroughly freed from all trace of acid, and from alcohol; for this purpose, the coagulum is to be cut into thin slices and suspended in ether, which becomes charged with the hematosine, and assumes a red tint; the colouring matter is then obtained as a red deposit, but combined with a portion of fatty matter, which is taken up from the clot by the ether. If this ethereal solution be left to itself, the dissolved hematosine in a short time passes spontaneously into an insoluble state, and is at first precipitated under the form of a powder, but before very long it becomes coagulated into a solid mass. Alcohol immediately coagulates the ethereal solution.

Acetic and phosphoric acids, if diluted with three times their weight of water, do not precipitate this solution; but the other acids throw down the hematosine as a brown substance, and form combinations with it. MM. Berzélius and Simon have attempted, though unsuccessfully, to prepare hematosine in the manner above detailed.

We have now to consider the nature of coagulated hematosine, in that state in which we find it after its coagulation and separation from the albuminoid principles of the globules. Various chemists have endeavoured to isolate the colouring matter of the blood, but not with much success. M. Gmelin was one of the first who observed that blood, when coagulated by alcohol, and afterwards treated by this fluid in a boiling state, in excess, yielded to it its colouring matter; but this method does not give it in a state of purity. He afterwards proposed to coagulate the blood by dilute hydrochloric acid; by reacting on the coagulum by alcohol, the hydrochlorate of hematosine is dissolved. M. Lecanu has also performed a numerous and interesting series of researches on the blood, and has succeeded in isolating this principle in a very perfect manner; but, as we have already said, the colouring matter thus obtained no longer offers the properties which it manifests in the globule where it exists in a non-coagulated state. There is as complete a change in its regard as that which is effected in the albuminous liquid when coagulated by heat or by acids; in a word, it passes, by the treatment necessary for its isolation, from the state of an *organized* to that of an *organic* matter. We shall continue this subject in our next lecture.

ORIGINAL CONTRIBUTIONS.

DR. BUSHNAN'S VISIT TO DIEFFENBACH.—NEW AND SUCCESSFUL OPERATIONS FOR PSEUDARTHROSIS.

LETTER I.

[To the Editor of the Medical Times.]

SIR,—Several years ago I translated Dieffenbach's "Surgical Operations for the Restoration of the Nose" (Highley, 1833); but it had not been my good fortune to meet the celebrated professor until the last autumn, when the state of his health and severe rheumatic pains induced him to repair to the baths of Wiesbaden, where I was residing. I soon had the satisfaction of making his personal acquaintance; and then it became a matter of great regret that I had so long neglected to do so. But I will not here stop to tell of the man, nor of the operations which he performed while at Wiesbaden; for although he came there for relaxation, and for relief from the pressure of an enormous practice, little was allowed to him. No sooner was his presence known than crowds flocked to him from the surrounding neighbourhoods. The surgeons of the hospital applied to him to perform their operative duties; the lame and the crippled from all parts sought his aid; and patients of all nations who had resorted to the baths, English and French, Russian, Pole, and German, forsaking their pool of Bethesda, entreated him to relieve their stiffened and distorted joints. Thus I had many

opportunities of witnessing his practice; but I longed to see Dieffenbach in his own "klinik"—his own hospital, in the theatre from whence his name has become one of European celebrity, from whence so many thousand unfortunates of all nations and of all languages have been yearly dismissed, relieved of the greatest disfigurements and deformities, and cured of the most grave diseases. I desired to see the great operator in the theatre, where, emancipating himself from an incubus of surgical absurdities and pedantic dogmas, he had, with a few simple scalpels in his hand, arrived at greater results than any other surgeon has approached in any age or any country. And so I gladly availed myself of Dieffenbach's invitation to visit him at Berlin; and, having ascertained from him when his klinik would be in its greatest activity, I then repaired to it. And here I first learned how very few instruments, and of what simple construction, are required in the hands of such a man to perform the most formidable operations. Some surgeons almost require that the knife itself should operate, and think their share of the business merely consists in applying it to the part; while the chief endeavour of the instrument-maker seems to be, by an ingenious combination of wheels and springs and guides and guards, to enable an unqualified and bungling operator to play at surgery with as little loss of life as possible. But not so Dieffenbach: he never commits the safety of a patient to the mechanism of an instrument. His hand, guided by a master-mind and armed with a simple scalpel, is quite sufficient; and thus, whether we see him perform the most inconsiderable or the most formidable operations, all seems so easy, so simple, so little calculated to inspire dread, that we are tempted to think we could do the same ourselves and with the like results. There is a total absence of all parade, no dread array of instruments of every form and shape and size; no fuss, no bustle, no display, as with the older surgeons; but a calm and quiet confidence that convinces you that with Dieffenbach has begun a new surgical era, characterized by the abolition of all complicated apparatus, and, founded upon a sound physiology, a greater amount of success than has hitherto been attained.

I am much tempted to write the biography of Dieffenbach—a strange, eventful, and instructive tale, as told in the passages of his life, as he and others have related them to me; and I may probably do so in the edition of his great work on Operative Surgery I am now preparing for the English press. Nothing is more useful than the biography of a great man, stimulating us, on the one hand, to imitate the deeds it records, and warning us, on the other, to avoid those imperfections of character which it sometimes displays; but, to be beneficial, it should exhibit all the phases of a man's character and career; it should "trace a feeling in each footstep," as disclosed by Sallust in his "Cataline"; and this is not always well to do, nor expedient to be done, in the lifetime of the subject of our memoir. But to return from this short digression. Dieffenbach's mode of lecturing is purely clinical, and therefore most instructive, particularly to students who have acquired some knowledge of the principles and leading maxims of surgery. Again, it is altogether extempore; and, before arriving at his lecture-room, he does not know upon what new case he may have to discourse. About 150 students attend his lectures, in a large and well-lighted theatre, the area of which is occupied by the professor, any foreign visitor or private friend, and the clinical clerks. A patient is introduced either in his bed or otherwise. If a new case, Dieffenbach examines it, or desires an advanced student to do so and briefly to describe it. This done, Dieffenbach makes his remarks upon the disease, describing at length its nature, its prognosis, diagnosis, and pathology; the method of treatment to be pursued; the opinions of others concerning it; detailing his own views, and, if these differ from those of others, explaining why they do so. And all this enriched with a mass of

knowledge and information delivered in the most terse language, alike distinguished for its energy and its truth. This over, Dieffenbach proceeds to operate—for no cases are produced in the theatre but those who are to be, or have been, operated upon—or, if the nature of the case permits, he desires an advanced student to operate, while he himself superintends, helping, aiding, and instructing him. The operation finished, and bandages, &c., applied, the bed is removed, the blood cleaned from the floor, and another patient brought in; and in this manner I have seen five operations in one sitting, namely, hernia, vesio-vaginal fistula, two cases of clubfoot, and an amputation. I know no surgical hospital where so good a mode of instruction is adopted, and none where, while the poor receive more advantages, the pupil is better, if indeed so well, taught. And I cannot help thinking that the reputations of many English surgeons would not suffer, while their lectures would be much more numerously attended, if they would follow Dieffenbach, and occasionally change places with their more advanced pupils, letting them operate in public, while they aided and guided and encouraged their performances. It may be objected, that patients would not like to be made the subject of a lecture while lying on an operation-table, and their diseased parts exposed to so many curious eyes; and still less would they wish a pupil to be the operator; but a little consideration will show that the lecture and explanation of the professor must generally inspire a great degree of confidence, and his presence and sanction be a sufficient guarantee that the operation was adequately performed.

Among the earliest operations I witnessed was one for pseudarthrosis, or false joint, caused by a disunited fracture. This is entirely a new operation, and hitherto has been performed only by the great master who proposed it. In each case, too, it has been perfectly successful; and when I consider its great importance, and the difficulty surgeons sometimes experience in causing, under certain circumstances, the union of fractured bones, and the formidable nature of a false joint, I congratulate myself on being the means of making known to the English profession a certain and simple means by which to remedy so serious an evil. I shall relate three cases. The two former were detailed to me by Dieffenbach, the latter I witnessed.

CASE 1.—In the winter session of 1845, a woman, thirty-three years of age, presented herself at the klinik. She had broken her thigh fifteen months previously. On examination, the fractured limb was found to be nearly three inches shorter than its fellow; much withered or reduced in size, except at the fractured part, where there was a soft, circumscribed, and considerable swelling. The limb was movable like the end of a flail, and with difficulty she dragged it after her as she moved on crutches; it was not only useless, but a positive inconvenience, causing her frequently to fall, and to stumble at every threshold; the poor woman earnestly desired its removal. There was some soft callus between the fractured bones in which they moved as in a capsule, but no bony deposit. Dieffenbach caused the absorption of this gristly matter by rubbing the ends of the bones together, and thus setting up inflammatory action; and, this object effected, he attempted to produce bony union; not, indeed, by the usual and very uncertain routine of very close and accurate contact—removing the ends of the bones by excision, escharotics, or setons. His experience of gunshot wounds had taught him, that when foreign bodies, as bullets, are lodged in bones, a great quantity of healthy and hard callus is always poured over them; and the experiments of Duhamel and Flourens had established the fact, which he remained for the genius of Dieffenbach to turn to account. So, having pierced the leg with a small scalpel down to the fractured bones, with a common gimlet he drilled holes through each end of the bone, and about half an inch from

each fractured extremity. Into each of these holes he introduced a small ivory peg, the same size as the gimlet, and strongly wedged them with a few strokes of a hammer. The limb was then extended, placed in splints, and carefully bandaged. In ten days it was apparent, from the less degree of mobility between the ends of the fractured bone, that healthy callus had been thrown out; and so the ivory pegs were removed, and the wounds allowed to heal. In three months from the date of the operation, the patient walked without crutches, and was dismissed cured.

CASE II.—A strong hardworking man, aged thirty-one, had a year previously broken his right humerus, at about its middle part, while employed on a railroad. No union had taken place, and the limb was useless. The same treatment as in the former case was had recourse to: the bones were bored with a gimlet, small ivory pegs introduced, and at the end of ten days removed. In the course of treatment, however, Dieffenbach was not satisfied with the rapidity of the progress towards bony union, he therefore introduced smaller pegs for a few days; and so successful did the case prove, that, twelve weeks from the first introduction of the pegs, the man was in a condition to resume his employment.

CASE III.—I had the satisfaction of examining this patient and witnessing the operation. He was a robust and apparently healthy man of forty years of age, who, eighteen months previously, had met with an accident upon a railroad, by which he was much bruised and his left humerus fractured at the insertion of the deltoid. The limb was perfectly useless and much withered; the false joint was capable of being moved in all directions, giving little or no pain. The limb bore the marks of setons and issues; and indeed the man had undergone a regular routine practice, under the care of the surgeons whom he had consulted. The operation was rapidly performed, as in the preceding cases, and the limb bandaged and placed in a sort of cradle. At the end of a week there was much swelling of the limb and pain in the fractured parts, which were not as movable as before. On the twelfth day it was still more difficult to move the parts, and on attempting to do so it appeared as if it were a very stiff joint. Then the pegs were removed, and I did not again see the case. In my next letter, I doubt not, I shall be able to report most favourably of it, and ultimately to assure the medical public of its successful termination.

Let us compare these satisfactory results with the uncertain and unsuccessful practices which have hitherto, in similar cases, been resorted to. All are agreed as to the difficulty and danger and want of success in the operation recommended by Celsus, and practised in modern times, of sawing off the ends of the bones. Dr. Physic's proposal to introduce a seton between the fractured extremities is recorded to have been oftener unsuccessful than otherwise. Cutting down to the bones and rubbing them with caustic potash has signally failed; and indeed it may be said, that hitherto amputation has been the only certain cure for pseudarthrosis. Dieffenbach's operation, on the other hand, is neither dangerous nor difficult, nor painful; and it may be performed, with every prospect of success, by any one with sufficient anatomical knowledge to enable him to avoid the great vessels and nerves of the limb. If I have not sufficiently explained it, I shall be happy to give all further information in my power; and I trust soon to see the experience and recommendation of Dieffenbach verified in England.

I am, &c. &c.

J. STEVENSON BUSHNAN, M.D.,

Fellow of the Royal College of Physicians of Edinburgh.

Wiesbaden, Duchy of Nassau, January, 1847.

After a brilliant anatomical concours at the Faculty of Medicine, Dr. Gosselin has been unanimously elected "chef des travaux anatomiques," a situation which has been successively held by Dupuytren, Bérard, Breschet, and Denonvilliers.

REFLECTIONS AND OBSERVATIONS ON INSANITY.

By JOSEPH WILLIAMS, M.D., &c. &c. &c.

(Continued from p. 282.)

"Nemo mortalium omnibus horis sapit."

INSANITY VITIATES ALL ACTS.

CRIMINAL LUNATICS.

In the case of Greensmith, who strangled four of his children, it appeared that he laboured under this delusion, that it was better for him and for his family that he should destroy them, and be himself executed for the act, rather than let them go to the workhouse.

After destroying two of his children he went down and sat by the fire, considering whether he might not be capable of maintaining two of them, and he took a most affectionate leave of each of his children before he strangled them. Here there was no rational motive—no prospective advantage—no anger; the deed was caused by, and was the act of, delusion.

Mr. Justice Park, in summing up, said—"Nothing could be more contrary to law than to infer insanity from the very malignity and atrocity of the crime; it was true that such crimes could never be committed by men who were in possession and control of a right reason and a proper mind; but it was his duty to inform the jury, that the complete possession of reason was not essential to constitute the legal, any more than the moral, responsibility of any man: it being merely necessary that the party should have sufficient knowledge and reason to discriminate between right and wrong. The prisoner was found guilty and sentenced to death. Greensmith's sister had previously laboured under homicidal insanity, and Dr. Blake understood that the grandmother exhibited the same infirmity. After the murders he was composed, vigilant, and melancholic; he had a monomaniacal cast of eye, regarded his execution without emotion, but shed tears when asked if he had been attached to his children.

Greensmith was predisposed to insanity, and the loss of his wife, together with pecuniary distress, brought on the delusion under which he sacrificed the lives of four children.—For a full account of this case see *Med. Chir. Rev.*, p. 84, vol. viii.

To absolve from responsibility, the defect in mind must be unequivocal, and mere dejection of spirits, or eccentricity, will not be sufficient for such a defence. Thus, William White murdered a Miss Maria Bally in the presence of her pupils. She had forbade his addresses. Insanity was the defence—failed—found guilty—executed. Here the witnesses merely deposed to a dejection of spirits previously to the murder.—*Collinson*, 474.

It has been held that, to render a criminal irresponsible, it must be proved that the act was irresistible; but it would be extremely difficult to point out how this is to be demonstrated!

Who can reconcile the justice of this case, which occurred in 1819? A young man, of weak intellect and strong animal passions, was warmly attached to a female superior in station to himself, and was rejected. This caused ungovernable feelings, and he determined on her murder. He had, at the same time, some religious ideas, and it occurred to him, that by putting this woman to death he would send an unprepared sinner into eternity, but the impulse to shed blood had taken irresistible possession of him. There was a child of whom he was very fond, and had often caressed, who, he concluded, had fewer sins to answer for, and this child he determined should be the victim. He murdered it, and then gave himself up to justice. He was tried, condemned, and executed, in the county of Surrey.—See *Beck's Med. Jur.*, 5th ed. p. 435, 1836; and *Quart. Rev.*, vol. xii., p. 219.

The act itself, a sufficient proof of insanity, was subsequently strengthened by insane notions and actions, and there was absolute raving even on the scaffold. This case must ever remain a blot on the legislation of this country.

Another case, which occurred in Scotland in 1831, should also be held up as a beacon to warn both judge and jury. I allude to John Howison, a beggar, who in walking through a village with a stick in his hand, asking alms, entered the cottage

of Widow Geddes, and soon after came out and ran away; it was subsequently ascertained that he had murdered her with a spade. He was apprehended and denied any knowledge of the murder.

On several examinations by Dr. Spens and Mr. Watson, they discovered no indications of insanity, no hallucination, but he appeared to be of low and weak intellect, and to be possessed of a great deal of cunning. On the trial it was proved by a woman with whom he had lodged six years previously, that when she first knew him he was a hawker of small wares, clean in his person, and like other people. He then left her to go to England, where he remained till within the last two months. His appearance now was that of a beggar, filthy in his person and peculiar in his mind. He said that he had had a fever in England, but no correct account of this could be obtained. She mentioned some of his peculiarities: he was solitary and silent; his only companions in his lodgings being a cat and a child, and he fed both before eating his own meal. He was very superstitious, salting his bed and head, brushing away the flies with his hand for hours together, and performing the same actions when there were none, even when his landlady told him so. He had an almost incredible appetite for food, usually devouring half a peck of potatoes at a meal, with one or two pounds of bullock's liver, almost raw and generally filthy. After this he would eat two or threepence worth of bread. He habitually wounded his hands, wrists, and arms, with needles and pins; and if he went to bed without his weapons, he rose and procured them. In this state he would sally forth, brandishing a stick, and playing extravagant tricks, till the neighbours interfered. He would suck the blood from his wrist after every two or three mouthfuls of his food, and when asked why he ate his meat so raw, said he liked the blood.

He had taken a fancy to become a Quaker some weeks before the murder, and attended the meetings, paying, however, no respect to the worship, but muttering to himself, and even then pricking his body with pins and needles. On one occasion he violently demanded instant admission into the Society. He had, moreover, occasionally a painful and uneasy feeling in his head.

Howison was convicted, and on making application to the Home-office for the privilege to adduce additional proofs of his insanity, it was denied. These proofs consisted chiefly in unprovoked and boisterous acts of violence immediately previous to the murder. The evening before his execution he stated that he had committed eight murders, not one of which had ever been heard of, and could not have occurred without being known. His voracious appetite continued until his execution; and his uniform answer, both before and after trial, was, "nobody saw me do it."—See *Edinburgh Medical and Surgical Journal*, p. 45, vol. xxxviii.; also *Beck's Med. Jur.*, p. 437, fifth edition.

The insanity in this instance consisted in a sudden morbid influence to commit murder, and there was the absence of motive; and the unsound state of mind was confirmed in several particulars which it is unnecessary to recapitulate, but was particularly evidenced in his wish to change his religious principles and forms, and especially in the folly of expecting to be received into the Society of Friends, when paying no respect to their worship, and not even decorously conducting himself before those who pay so close attention to form; and then his demanding from them violently that which they only accord with the greatest hesitancy and most prudent circumspection, all prove at once his manifest inconsistency in such conduct.

It was never known where this unfortunate man had been when in England; and, although he himself said he had laboured under fever when there, it is very possible that he may have been under confinement for madness, and may, indeed, have actually made his escape from some lunatic asylum. Altogether this case is far from satisfactory, and reflects no credit either upon the medical men, the judge, or the authorities at the Home-office.

I cannot here consistently omit a case which occasioned much excitement in Paris: it is that of Louis Papavoine, a young man, who was always melancholic, and suffered from the hallucination